

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 17-03877
DEFENDANT SANDRA J. MILLER	TYPE OF PROCESS HANDBILL

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SANDRA J. MILLER
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)
219 First Avenue Richlandtown, PA 18955

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service*)

Please post premises by 4/16/2018.

Signature of Attorney other Originator requesting service behalf of: PLAINTIFF
 DEFENDANT TELEPHONE NUMBER 215-627-1322 DATE 3/27/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	<u>1</u>	No. <u>CC</u>	No. <u>CC</u>	<u>George Doe</u>	<u>3/29/18</u>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only if different than shown above)

Date <u>4-4-18</u>	Time <u>10:45</u>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endevors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
- 0 -	102 DE C 545 55.59	- 0 -	55.59	- 0 -	55.59

REMARKS: PROPERTY POSTED AT FRONT DOOR

— OCCUPIBO —

PRINT 5 COPIES: **1. CLERK OF THE COURT** **2. USMS RECORD** **3. NOTICE OF SERVICE** **4. BILLING STATEMENT***: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. **5. ACKNOWLEDGMENT OF RECEIPT** **PRIOR EDITIONS MAY BE USED**